

12/28/01
 10033694
 12/28/01

01-02-02

A

Please type a plus sign (+) inside this box



PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032 U S Patent and Trademark Office U S DEPARTMENT OF COMMERCE
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	856063.721
	First Inventor	Leonardi Salvatore
	Title	INTEGRATION PROCESS ON A SOI SUBSTRATE OF A SEMICONDUCTOR DEVICE COMPRISING AT LEAST A DIELECTRICALLY ISOLATED WELL
	Express Mail Label No.	EL897869726US

10/033694
 12/28/01

1. <input type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>37</u>] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>33</u>] 5. Oath or Declaration [Total Sheets <u> </u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: <u> </u>
---	---

18. If a CONTINUING APPLICATION OR APPLICATION CLAIMING FOREIGN PRIORITY, check appropriate box, and supply the
 requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) ☒ Claims priority from European application
 No. 00830870.2

Prior application information Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or
 declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or
 divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a
 portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Correspondence address below		or:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label
Firm Name				 00500 PATENT TRADEMARK OFFICE
Address				
City, State, Zip				
Country				
Telephone	Fax			
Name (Print/Type)	Robert Iannucci	Registration No. (Attorney/Agent)	33,514	
Signature		Date	12/28/01	

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount
 of time you are required to complete this form should be sent to the Chief Information Officer, U S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND
 FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

C:\NPort\l\Manage\ADRIAN\244039_1.DOC